

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/508967** FILING DATE

APPLICANT(S)

12/12/03 12/07/04 CLAIMS

12/12/03 12/07/04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3		1	1		1	
4		1	1		1	
5		1	1		1	
6		1	1		1	
7		1	1		1	
8		1	1		1	
9		1	1		1	
10		1	1		1	
11		1	1		1	
12		1	1		1	
13	1		1		1	
14	1		1		1	
15		1	1		1	
16		1	1		1	
17		1	1		1	
18		1	1		1	
19		1	1		1	
20		1	1		1	
21		1	1		1	
22	1		1		1	
23		1	1		1	
24		1	1		1	
25		1	1		1	
26		1	1		1	
27		1	1		1	
28		1	1		1	
29		1	1		1	
30		1	1		1	
31		1	1		1	
32		1	1		1	
33		1	1		1	
34		1	1		1	
35		1	1		1	
36		1	1		1	
37		1	1		1	
38		1	1		1	
39		1	1		1	
40		1	1		1	
41		1	1		1	
42		1	1		1	
43		1	1		1	
44		1	1		1	
45		1	1		1	
46		1	1		1	
47		1	1		1	
48		1	1		1	
49		1	1		1	
50		1	1		1	
TOTAL IND.	3		1		1	
TOTAL DEP.	29		1		1	
TOTAL CLAIMS	32		14		14	

TOTAL IND.	6		3	
TOTAL DEP.	8		4	
TOTAL CLAIMS	14		7	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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